

**FILED**

MAY 16 2022

CARMELITA REEDER SHINN, CLERK  
U.S. DIST. COURT, WESTERN DIST. OKLA.  
BY Ku, DEPUTYIN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMAMICHAEL A. CAMPBELL,

(Enter the full name of the plaintiff.)

**CIV-22-399-JD**

Case No. \_\_\_\_\_

(Court Clerk will insert case number)

- ① WILLIAM MONDAY, ADMINISTRATOR; ④ OKLA. CO. CR. JUSTICE AUTHORITY;
- ② DR. WINCHESTER OF TURNKEY MEDICAL; ⑤ TURNKEY MEDICAL;
- ③ LPN AMANDA, ⑥ LPN OTHELLA, BOTH OF TURNKEY MEDICAL; ⑦ GREG WILLIAMS, ADMINISTRATOR

(Enter the full name of each defendant. Attach additional sheets as necessary.)

**PRO SE PRISONER CIVIL RIGHTS COMPLAINT****Initial Instructions**

1. You must type or legibly handwrite the Complaint, and you must answer all questions concisely and in the proper space. Where more space is needed to answer any question, you may attach a separate sheet.
2. You must provide a full name for each defendant and describe where that defendant resides or can be located.
3. You must send the original complaint and one copy to the Clerk of the District Court.
4. You must pay an initial fee of \$402 (including a \$350 filing fee and a \$52 administrative fee). The complaint will not be considered filed until the Clerk receives the \$402 fee or you are granted permission to proceed *in forma pauperis*.
5. If you cannot prepay the \$402 fee, you may request permission to proceed *in forma pauperis* in accordance with the procedures set forth in the Court's form application to proceed *in forma pauperis*. See 28 U.S.C. § 1915; Local Civil Rule 3.3.

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

MICHAEL A. CAMPBELL

(Enter the full name of the plaintiff.)

v.

Case No. \_\_\_\_\_  
(Court Clerk will insert case number)

- (1) OK. CO. CR. JUSTICE AUTHORITY;
- (2) TURN KEY HEALTH; WILLIAM MONDAY; LPN OTHELLA;
- (3) DR. WILCHESTER; LPN AMANDA; GREG WILLIAMS.

(Enter the full name of each defendant. Attach additional sheets as necessary.)

**PRO SE PRISONER CIVIL RIGHTS COMPLAINT**

Initial Instructions

1. You must type or legibly handwrite the Complaint, and you must answer all questions concisely and in the proper space. Where more space is needed to answer any question, you may attach a separate sheet.
2. You must provide a full name for each defendant and describe where that defendant resides or can be located.
3. You must send the original complaint and one copy to the Clerk of the District Court.
4. You must pay an initial fee of \$402 (including a \$350 filing fee and a \$52 administrative fee). The complaint will not be considered filed until the Clerk receives the \$402 fee or you are granted permission to proceed *in forma pauperis*.
5. If you cannot prepay the \$402 fee, you may request permission to proceed *in forma pauperis* in accordance with the procedures set forth in the Court's form application to proceed *in forma pauperis*. See 28 U.S.C. § 1915; Local Civil Rule 3.3.

**V. Cause of Action**

Instructions

1. *Provide a short and plain statement of each claim.*
  - Describe the facts that are the basis for your claim.
  - You can generally only sue defendants who were directly involved in harming you. Describe how each defendant violated your rights, giving dates and places.
  - Explain how you were hurt and the extent of your injuries.
2. *You are not required to cite case law.*
  - Describe the constitutional or statutory rights you believe the defendant(s) violated.
  - At this stage in the proceedings, you do not need to cite or discuss any case law.
3. *You are not required to attach exhibits.*
  - If you do attach exhibits, you should refer to the exhibits in the statement of your claim and explain why you included them.
4. *Be aware of the requirement that you exhaust prison grievance procedures **before** filing your lawsuit.*
  - If the evidence shows that you did not fully comply with an available prison grievance process prior to filing this lawsuit, the court may dismiss the unexhausted claim(s) or grant judgment against you. See 42 U.S.C. § 1997e(a).
  - Every claim you raise must be exhausted in the appropriate manner.
5. *Be aware of any statute of limitations.*
  - If you are suing about events that happened in the past, your case may be subject to dismissal under the statute of limitations. For example, for many civil rights claims, an action must be brought within two years from the date when the plaintiff knew or had reason to know of the injury that is the basis for the claim.

- If the court grants your request, the \$52 administrative fee will not be assessed and your total filing fee will be \$350.
- You will be required to make an initial partial payment, which the court will calculate, and then prison officials will deduct the remaining balance from your prison accounts over time.
- These deductions will be made until the entire \$350 filing fee is paid, **regardless of how the court decides your case.**

7. The Court will review your complaint before deciding whether to authorize service of process on the defendants. *See* 28 U.S.C. §§ 1915(e)(2), 1915A; 42 U.S.C. § 1997e(c)(1). If the Court grants such permission, the Clerk will send you the necessary instructions and forms.

8. If you have been granted permission to proceed *in forma pauperis*, the United States Marshals Service will be authorized to serve the defendants based on information you provide. If you have not been granted permission to proceed *in forma pauperis*, you will be responsible for service of a separate summons and copy of the complaint on each defendant in accordance with Rule 4 of the Federal Rules of Civil Procedure.

### **COMPLAINT**

**I. Jurisdiction is asserted pursuant to:**

✓ 42 U.S.C. § 1983 and 28 U.S.C. § 1343(a)(3) (NOTE: these provisions generally apply to state prisoners), or

\_\_\_ *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971), and 28 U.S.C. § 1331 (NOTE: these provisions generally apply to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

---

---

---

- If the court grants your request, the \$52 administrative fee will not be assessed and your total filing fee will be \$350.
- You will be required to make an initial partial payment, which the court will calculate, and then prison officials will deduct the remaining balance from your prison accounts over time.
- These deductions will be made until the entire \$350 filing fee is paid, **regardless of how the court decides your case.**

7. The Court will review your complaint before deciding whether to authorize service of process on the defendants. *See* 28 U.S.C. §§ 1915(e)(2), 1915A; 42 U.S.C. § 1997e(c)(1). If the Court grants such permission, the Clerk will send you the necessary instructions and forms.

8. If you have been granted permission to proceed *in forma pauperis*, the United States Marshals Service will be authorized to serve the defendants based on information you provide. If you have not been granted permission to proceed *in forma pauperis*, you will be responsible for service of a separate summons and copy of the complaint on each defendant in accordance with Rule 4 of the Federal Rules of Civil Procedure.

### **COMPLAINT**

**I. Jurisdiction is asserted pursuant to:**

☒ 42 U.S.C. § 1983 and 28 U.S.C. § 1343(a)(3) (NOTE: these provisions generally apply to state prisoners), or

☐ *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971), and 28 U.S.C. § 1331 (NOTE: these provisions generally apply to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

---

---

---

**II. State whether you are a:**

- ☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner  
☒ Pretrial detainee  
☐ Immigration detainee  
☐ Civilly committed detainee  
☒ Other (please explain) PAROLEE [05/2009]; PRETRIAL DETAINEE [02/2022]

**III. Previous Federal Civil Actions or Appeals**

List each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility.

## 1. Prior Civil Action/Appeal No. 1

## a. Parties to previous lawsuit:

Plaintiff(s): MICHAEL A. CAMPBELL

Defendant(s): JOSY JONES, ETC...

b. Court and docket number: 684 FED. APPX. 750

c. Approximate date of filing: 2013

d. Issues raised: DELIBERATE INDIFFERENCE

e. Disposition (for example: Did you win? Was the case dismissed? Was summary judgment entered against you? Is the case still pending? Did you appeal?):

CASE DISMISSED

f. Approximate date of disposition: 2016

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a separate sheet(s).



**II. State whether you are a:**

- ☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner  
☒ Pretrial detainee  
☐ Immigration detainee  
☐ Civilly committed detainee  
☒ Other (please explain) PAROLEE [05/2019]; PRETRIAL DETAINEE [02/2022]

**III. Previous Federal Civil Actions or Appeals**

List each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility.

## 1. Prior Civil Action/Appeal No. 1

## a. Parties to previous lawsuit:

Plaintiff(s): MICHAEL A. CAMPBELL

Defendant(s): JODY JONES, etc...

b. Court and docket number: U.S. DIST. COURT  
WESTERN DIST. OKLA. (634 Fed. Appx. 750)

c. Approximate date of filing: 2013

d. Issues raised: DELIBERATE INDIFFERENCE,

e. Disposition (for example: Did you win? Was the case dismissed? Was summary judgment entered against you? Is the case still pending? Did you appeal?): CASE DISMISSED

f. Approximate date of disposition: 2016

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a separate sheet(s).

#### IV. Parties to Current Lawsuit

State information about yourself and each person or company listed as a defendant in the caption (the heading) of this complaint.

1. Plaintiff

Name and any aliases: MICHAEL A. CAMPBELL

Address: 201 N. SHARTEL

Inmate No.: 140021573

2. Defendant No. 1

Name and official position: OKLA. COUNTY (DETENTION CENTER)  
CRIMINAL JUSTICE AUTHORITY

Place of employment and/or residence: 201 N. SHARTEL AVE.  
OKC., OKLA. 73102

How is this person sued? (☒ official capacity, (☒ individual capacity, (☒ both

3. Defendant No. 2

Name and official position: TURN KEY HEALTH

Place of employment and/or residence: 201 N. SHARTEL AVE.  
OKC., OKLA. 73102

How is this person sued? (☒ official capacity, (☒ individual capacity, (☒ both

If there are more than two defendants, describe the additional defendants using this same format on a separate sheet(s).



I.V. PARTIES TO CURRENT LAWSUIT  
CONTINUED:

DEFENDANT No. 3

DR. WINCHESTER, DOCTOR  
OF TURNKEY HEALTH  
SUED IN <sup>BOTH</sup> OFFICIAL & INDIVIDUAL CAPACITY

DEFENDANT No. 4

LPN AMANDA, LPN  
OF TURNKEY HEALTH  
SUED IN BOTH OFFICIAL & INDIVIDUAL CAPACITY

DEFENDANT No. 5

LPN OTHELLA, LPN  
OF TURNKEY HEALTH  
SUED IN BOTH OFFICIAL & INDIVIDUAL CAPACITY

DEFENDANT No. 6

William Monday, ADMINISTRATOR  
OK. CO. CRIMINAL JUSTICE AUTHORITY  
SUED IN BOTH OFFICIAL & INDIVIDUAL CAPACITY

DEFENDANT No. 7

GREG Williams, ADMINISTRATOR  
OK. CO. CRIMINAL JUSTICE AUTHORITY  
SUED IN BOTH OFFICIAL & INDIVIDUAL CAPACITY

6. Do not include claims relating to your criminal conviction or to prison disciplinary proceedings that resulted in loss of good time credits.

- If a ruling in your favor "would necessarily imply the invalidity" of a criminal conviction or prison disciplinary punishment affecting the time served, then you cannot make these claims in a civil rights complaint unless you have already had the conviction or prison disciplinary proceeding invalidated, for example through a habeas proceeding.

### Claims

List the federal right(s) that you believe have been violated, and describe what happened. Each alleged violation of a federal right should be listed separately as its own claim.

1. **Claim 1:**

(1) List the right that you believe was violated:

ART. 2 §§ 7, 8, 9 - OKLA CONST.  
8<sup>TH</sup> + 14<sup>TH</sup> AMENDS. U.S. CONST.

DR. WINCHESTER, OF OKLA. CO. TURN KEY MEDICAL, IN THE OKLA.

CO. CRIMINAL JUSTICE AUTHORITY; DR. ALI, ON C-MODULE

@ THE <sup>OKC.</sup> VA HOSPITAL; AND MY ORTHOPEDIC SURGEON @ THE

OKC. VA HOSPITAL... ALL HAS DETERMINED THAT I... →

(2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

① WILLIAM MONDAY, SHERIFF/ADMINISTRATOR OF OKLA. CR.

JUSTICE AUTHORITY; ② THE OKLA. CRIMINAL JUSTICE

AUTHORITY; ③ DR. WINCHESTER, DOCTOR FOR TURN KEY MEDICAL;

④ LPN AMANDA, LPN FOR TURN KEY MEDICAL; ⑤ LPN OTHELLA, →

1. CLAIM 1 CONTINUED:

(1) <sup>I</sup> NEED A TOTAL HIP-JOINT REPLACEMENT <sup>SURGERY</sup> OF MY LEFT HIP JOINT. I SUFFER EXCRUCIATING PAIN DAILY IN VIOLATION OF THE 8<sup>TH</sup> + 14<sup>TH</sup> AMENDS OF THE UNITED STATES CONSTITUTION AND ART. 2 §§ 7 & 8 OF THE OKLA. CONSTITUTION... I'M BEING DELIBERATELY TREAT INDIF-FERANT TO OTHER PATIENTS SUFFERING EXCRUCIATING PAIN AS A RESULT FOR THEIR NEED FOR A TOTAL HIP-JOINT REPLACE SURGERY. MY PAIN IS BEING IGNORED, BE LITTED AND NOT TAKEN SERIOUSLY; YET, IT IS EXCRUCIATING... DAILY...

(2) ⑤ LPN OTHELLA, OF TURNKEY MEDICAL/HEALTH  
⑥ TURNKEY MEDICAL/HEALTH  
⑦ GREG WILLIAMS / ADMINISTRATOR



(3) List the supporting facts:

ON 02/15/2022, I INFORMED NURSE MISTY OF TURN-  
KEY HEALTH THAT I RECENTLY HAD COMPLETED PRE-OP FOR  
A LEFT HIP JOINT REPLACEMENT SURGERY AND SHE DOCUMENT-  
ED IT, AND SHE SHARED WITH ME HER OWN PERSONAL →

(4) Relief requested: (State briefly exactly what you want the court to do for you.)

"IMMEDIATE RELIEF FROM PAIN, PLEASE?" CONTINUE MY DOCTOR'S ORIGINAL  
SCHEDULE SURGICAL PLANS AT THE OKC, VA HOSPITAL... PLEASE? ASSURE A  
MUCH MORE COMPETENT MEDICAL PERSONNEL, & A MORE SANITIZED  
AND MODERN MEDICAL WARD... PLEASE? DR. WINCHESTER'S CASE LOAD IS  
TOO LARGE FOR AN INDIVIDUAL DOCTOR OVERSEEING 1500 INMATES.  
AS FOR MY EXCRUCIATING PAIN I'M STILL ENDURING TODAY, SINCE 2/15/2022,  
FIVE MILLION DOLLARS AWARDED TO ME IN ORDER TO DETER THIS  
TYPE OF MEDICAL NEGLIGENCE FROM VITAMIZING OTHER PEOPLE IN THE FUTURE.

2. Claim II:

(1) List the right that you believe was violated:

8TH & 14TH AMENDS U.S. CONSTITUTION

ART. 2 §§ 7, 8, 9

EXCESSIVE BED BUG BITES & BED BUG EGGS INSIDE  
MY ARM (RIGHT) CRAWLING

(2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

MEDICAL - William Monday - TURNKEY HEALTH  
OKLA. Co. CR. JUSTICE AUTHORITY

### ③ LIST SUPPORTING FACTS CONTINUED:

HIP JOINT SURGERY THAT SHE EXPERIENCED AND WHAT I SHOULD EXPECT TO EXPERIENCE BEFORE & AFTER SURGERY. SHE THEN GAVE ME PAIN MEDICATION AND ADVISED ME TO SUBMIT A SICK CALL SLIP TO SEE THE DOCTOR.

I OBEYED HER AND WAS SEEN BY DR. WINCHESTER NOT TOO LONG AFTERWARDS, AND HE TOLD ME THAT I NEEDED A TOTAL REPLACEMENT OF MY LEFT HIP JOINT. HE STATED THAT THE PAIN MANAGEMENT MEDICATION NECESSARY FOR MY LEVEL OF PAIN WAS NOT AUTHORIZED IN THIS INSTITUTION. HE SAID HE WOULD PRESCRIBE SOMETHING FOR MY PAIN, NOT MUCH MORE POTENT THAN ASPIRIN, BUT THAT WAS THE BEST HE COULD DO.

I AM STILL EXPERIENCING TERRIBLE PAIN WHILE OKLA. CO. CRIMINAL JUSTICE AUTHORITY CONTINUE TO PROLONG MY SUFFERING BY PLAYING A GAME WITH MY GRIEVANCE APPEAL TO THE ADMINISTRATIVE REVIEW AUTHORITY [WILLIAM MONDAY & GREG WILLIAMS], AS THEY STRATEGICALLY IGNORE THE EXCRUCIATING PAIN THAT I SUFFER DAILY WHEN I TAKE EACH STEP AS I WALK; AS I STAND TOO LONG; AS I SIT IN THE SAME POSITION TOO LONG; AS I LAY IN THE SAME POSITION TOO LONG... I SUFFER WITHOUT CEASING, THIS EXCRUCIATING PAIN DAILY....

THEREFORE, ON THE FOLLOWING DATES:

FEB. 27, 2022, I WAS DENIED THE PRESCRIBED PAIN MEDS;

MAR. 11, 2022, I WROTE THE OKLA. CO. CT. ADMINISTRATOR ABOUT MY PAIN AND MY NEED FOR SURGERY;



MAR. 11, 2022, PUBLIC DEFENDER [STATE PD] CAME TO ME & REQUESTED THAT I SIGN A MEDICAL RECORD RELEASE FORM;

MAR. 12, 2022, AT 5:47 A.M. I EXPERIENCED EXTREMELY SEVERE PAIN & I CALLED FOR HELP ON THE JAIL PHONE IN MY CELL 13-D-22 AND THEY SAID THEY WOULD SEND MEDICAL, BUT THEY NEVER CAME;

MAR. 16, 2022, I FILED A "MOTION FOR MEDICAL RELEASE TO UNDERGO HIP JOINT REPLACEMENT SURGERY" IN THE OKLA. CO. DISTRICT COURT [CF-21-4401; CF-22-910];

MAR. 21, 2022, I SUBMITTED A SICK CALL SLIP TO MEDICAL ASKING FOR HELP/RELIEF FROM MY PAIN;

MAR. 21, 2022, I WROTE TO THE OKLA. CO. DIST. CT. ADMINISTRATOR AGAIN;

MAR. 24, 2022, I SUBMITTED MEDICAL REQUEST #170389952;

MAR. 24, 2022, I SUBMITTED A SICK CALL SLIP;

MAR. 25, 2022, I WAS TAKEN FROM 13-D-22 TO THE 8<sup>TH</sup> FLOOR OF THIS FACILITY FOR AN EKG, BLOOD WORK, AND U.A.;

MAR. 26, 2022, I SUBMITTED A SICK CALL SLIP;

MAR. 30, 2022, I FILED MEDICAL GRIEVANCE #171244422;

MAR. 30, 2022, I SENT A MEDICAL REQUEST TO ADMINISTRATOR #171244502;

MAR. 31, 2022, I FILED A MEDICAL PAIN GR. #171430742, THIS GRIEVANCE WAS CLOSED APRIL 1, 2022;

MAR. 31, 2022, I MADE TWO MEDICAL EMERGENCY CALL ON THE WALL PHONE IN MY CELL;

MAR. 31, 2022, I COMPLAINED TO THE 13<sup>TH</sup> FLOOR A.M. SHIFT



MAR. 31, 2022, CONTINUED: SARGENT AND THE OLDER D.O. THAT WORKED THAT DAY [NAME UNKNOWN] AND I ALSO SPOKE TO THE NURSE THAT PASTED OUT MEDICATION THAT DAY AND SHE SAID THAT SHE DON'T HAVE PAIN MEDS FOR ME THAT DAY, SO I SUBMITTED A PAPER SICK CALL SLIP AND A MEDICAL GRIEVANCE

APRIL 1, 2022, I WAS BED RIDDEN WITH PAIN AND THE A.M. NURSE WHO PASTED OUT MEDS AT PAIN CALL REQUESTED LPN AMANDA TO COME HELP ME. LPN AMANDA CAME TO MY CELL AND TOOK MY BLOOD PRESSURE & VITALS, SHE THEN RAN A PEN DOWN MY LEG BEFORE SHE BEGIN STICKING ME ON THE BOTTOM OF MY FOOT AND ASKED IF I FELT IT? I TOLD HER THE ONLY THING I FEEL IS THE PAIN IN MY HIP JOINT. SHE THEN SAID: "I WILL BE <sup>BACK</sup> WITH A DOCTOR AND SHE JUST LEFT ME LAYING THERE AND NEITHER HER NOR A DOCTOR EVER RETURN... NEVER!"

APRIL 6, 2022, FILED MEDICAL GRIEVANCE #172379922, IT WAS CLOSED ON MAY 02, 2022;

APRIL 7, 2022, FILED MEDICAL GRIEVANCE #172707022;

APRIL 10, 2022, FILED MED. GR. #172996032 [SURGERY];

APRIL 13, 2022, FILED GR. #171244422;

APRIL 14, 2022, PAIN WAS SO INTENSE I COULD NOT MOVE AND THE A.M. NURSE GAVE MY MEDS TO A D.O. TO BRING TO ME IN BED;



APRIL 15, 2022, ARA REQUEST TO STAFF #173868662 ;

APRIL 18, 2022, MEDICAL BOND #174252232 ;

APRIL 20, 2022, SUBMITTED PAPER SICK CALL SLIP [PAIN]

APRIL 26, 2022, EMERGENCY MEDICAL GR. #175683172,

LPN OTHELIA STOOD IN MY DOORWAY WITH

MY PAIN MED IN HIS HAND, WHILE I

LAY IN BED IN PAIN, AND HE MADE A

Joke ABOUT IT, BEING 7 HRS. LATE WITH

MY EVENING MEDS... WHILE I LAY IN

PAIN, HE WALKED OFF AND REFUSED TO

GIVE ME MY PAIN MEDS

MAY 2, 2022, ARA GR. #172996032 [NEED SURGERY]

MAY 2, 2022, GR. #172379922 ; MAY 3, RTS #176626292 ;

MAY 6, 2022, ARA GR. #176637322 [SURGERY] <sup>CLOSED</sup> MAY 9, 2022 ;

MAY 6, 2022, ARA GR. #177276642 [SURGERY]

MAY

(3) List the supporting facts:

I'VE BEEN BITTEN OVER 20 TIMES IN MY RIGHT  
ARM AND NOW SOMETHING IS CRAWLING INSIDE OF  
MY RIGHT ARM.

(4) Relief requested: (State briefly exactly what you want the court to do for you.)

EMERGENCY MEDICAL HELP! CONDEMN THIS  
BUILDING! I NEED ANTIBIOTICS / VACCINES  
AND FIVE MILLION DOLLAR TO DETER THIS INSTITU-  
TIONAL BEHAVIOR & NEGLIGENCE & FORTHINNESS NOW & FUTURE.

If there are more than two claims that you wish to assert, describe the additional claims using this same format on a separate sheet(s).

## VI. Declarations

I declare under penalty of perjury that the foregoing is true and correct.

Michael A. Campbell  
Plaintiff's signature

May 12, 2022  
Date

I further declare under penalty of perjury that I placed this complaint in the prison's legal mail system, with the correct postage attached, on the 12<sup>TH</sup> day of MAY, 2022.

Michael A. Campbell  
Plaintiff's signature

May 12<sup>TH</sup>, 2022  
Date

SHERIFF — PAY FOR SURGERY/PAIN MANAGE  
PAIN MANAGEMENT — WINCHESTER  
COURT ADMINISTRATOR — MEDICAL  
LPN AMANDA  
BLK. MALE NURSE

---

TOO MANY PILLS @ 1 TIME — UNPRESCRIBED  
WHICH INJURE STOMACHS & LIVER

---

NOT ENOUGH DOCTORS FOR 1500 INHABITANTS

---